

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. SD-8214

First Inventor or Application Identifier	MORALES
--	---------

<i>Title</i>	SILICON MICRO-MOLD AND METHOD FOR FABRICATION
--------------	---

Express Mail Label No. ET531594585US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- *Fee Transmittal Form (e.g., PTO/SB/17)
1. ☒ (Submit an original and duplicate for fee processing)
2. ☒ Specification [Total Pages **16**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **4**]
4. ☒ Oath or Declaration [Total Pages **2**]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attaced deleting inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

5. ☐ Microfiche Computer Program (*Appendix*)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(*if applicable, all necessary*)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)
9. ☐ English Translation Document
(if applicable) ☒ Power of Attorney
10. ☐ Information Disclosure
Statement (IDS)/PTO-1449
11. ☐ Preliminary Amendment ☐ Copies of IDS
Citations
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity
Statement(s) ☐ Statement filed in prior application,
Status still proper and desired
(PTO/SB/09/12)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

- 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: /

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. COORESPONDENCE ADDRESS

☒ *Customer Number or Bar Code Label*

0215868

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Timothy Evans
	MS 9031

Address	MC 9601
	Sandia National Laboratories
	7011 East Avenue

City	Livermore
------	-----------

State	CA
-------	----

CA

Zip Code	94550
----------	-------

Country	USA
---------	-----

Telephone

(925) 294-3690

Fax

(925) 294-3389

Name (Print/Type)

Timothy P Evans.

Registration No. (Attorney/Agent)

Signature

41 013

Date: _____

2/5/2002

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

02/05/02

JC920 U.S. PTO

PTO/SB/17 (12-99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision
Small Entity payments must be supported by a small entity statement.
Otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$740.00)**Complete if Known**

Application Number	not assigned
Filing Date	02/05/2002
First Named Inventor	MORALES
Examiner Name	not assigned
Group / Art Unit	not assigned
Attorney Docket No.	SD-8214

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge

- 1.
- ☒
- Indicated fees and credit any over payments to:

Deposit Account Number **50-0583**Deposit Account Name **SNL by KCO**

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	380	Utility filing fee	740.
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) **\$ 740.00****2. EXTRA CLAIM FEES**

	Extra Claims	Req. Fee	Fee Paid
Total Claims 20	-20**= 0	X 18.	= 0.0
Independent Claims 2	- 3**= 0	X 84.	= 0.0
Multiple Dependent			=

**or number previously paid, if greater, For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)0.00****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840	11	1,840	Requesting publication of SIR after Examiner	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	985	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)****SUBMITTED BY**Name (Print/Type) **Timothy P. Evans****Complete (if applicable)**Reg. Number (Attorney/Agent) **41,013**Telephone **(925) 294-3690**

Signature

Date

2/5/2002**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231